

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047098

1. Entity Name
GARLIDO CIGARS, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91046 001 ***300.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5123 MARTHA ANN DR JACKSONVILLE FL 32207		Mailing Address 5123 MARTHA ANN DR JACKSONVILLE FL 32207	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3456383	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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6. Name and Address of Current Registered Agent PULIDO, SILVIA M 5123 MARTHA ANN DR JACKSONVILLE FL 32207		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULIDO, SILVIA M	NAME	
STREET ADDRESS	5123 MARTHA ANN DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULIDO, AMANDA	NAME	
STREET ADDRESS	5123 MARTHA ANN DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULIDO, JUAN	NAME	
STREET ADDRESS	5123 MARTHA ANN DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULIDO, MARIO	NAME	
STREET ADDRESS	5123 MARTHA ANN DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULIDO, RENE	NAME	
STREET ADDRESS	5123 MARTHA ANN DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4-23-01- (904) 399-0609-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)